Flights between Delhi and Trivandnun

484. SHRI P. N. SUKUL: Will the Minister of CIVIL AVIATION be pleas ed to state:

(a) whether it is a fact that at present there is no airbus service between Delhi and Trivandrum and the existing hopping flight *via* Dabolin and Cochin takes a pretty long time; and

(b) if so, whether the Government propose to extend the flight No. IC 403 to Trivandrum so that the flight No. IC 404 returns from Trivandrum to Delhi via Bangalore?

THE MINISTER OF STATE OF THE MINISTRY OF CIVIL AVIATION WD THE MINISTER OF STATE OF THE MINISTRY OF TOURISM (SHRI JAGDISH TYTLER): (a) and (b) The daily terminator Airbus service between Delhi-Bangalore (IC-403/404) is operating to a very high seat factor and its extension to Trivandrum will not serve any fruitful purpose. Besides the present passenger demand between Delhi and Trivandrum does not justify operation of an Airbus service between these cities.

Avro base at Hyderabad,

485. SHRI PUTTAPAGA RADHA-KRISHNA: Will the Minister of CIVIL AVIATION be pleased to state:

(a) whether there is any proposal to close down the engineering base of Avro aircraft at Hyderabad; and

(b) if not, how Government propose to make use of the base after Avro aircraft are withdrawn from the Indian Airlines?

THE MINISTER OF STATE OF THE MINISTRY OF CIVIL AVIATION AND THE MINISTER OF STATE OF THE MINISTRY OF TOURISM (SHRI JAGDISH TYTLER): (a) No, Sir.

(b) Hyderabad engineering base will continue to remain one of the engineering bases of Indian Airlines for maintenance of HS-748 aircraft and its components. Even at present, this base handles the workload of 7 HS-748 aircraft operating with Indian Airlines, 4 of Vayudoot, 2 of B.S.F., 2 of National Airports Authority and 1 of National Remote Sensing Agency. Even with the transfer of HS-748 aircraft to Vayudoot, the workload of HS-748 aircraft will continue to remain with the base. About 1500 HS-748 components of Indian Air Force are also overhauled at this base annually. In addition to maintaining HS-748 aircraft, this base handles line maintenance task on jet aircraft like B-737 and Airbus A-300 transitting/ night-stopping at the base, and this workload will also continue to grow with additional induction of jet 'aircraft in the fleet.

Essential drugs and drug combinations-identified by WHO

486. SHRI M. KADHARSHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer tto Unstar-red Question 2970 given in the Rajya Sabha on the 3rd December, 1986 and state:

(a) whether it is a fact that maximum number of drugs and combination of drugs are being marketed in India;

(b) if so, what are the names of essential drugs and formulations identified by World Health Organisation as well as list prepared for use in Primary Health Centres and sub-centres in India;

(c) whether it is a fact that none of the drugs which are banned in other countries due to injurious effects fall in any of those lists;

(d) names of all such drugs being found hazardous in other countries still being allowed in India; and

(e) what are the reasons for allowing the drugs and what is the necessity in our country when most of advanced countries have banned its use and the name are in none of the essential lists?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARl SAROJ KHA-PARDE):.(a) There are about 50,000 formulations of doseage forms moving in

the market formulated out of approximate 600 basie drugs.

(b) WHO's essential drug list of 1985 gives about 350 drugs in different therapeutic heals and when these drug? would be formulated by large number of manufacturers in the country under different dosage forms Mich as tablets, capsules, injections, ointments, oral liquids, the number of formulations moving in the market would appear many. However, the fist of drugs used for Primary Health Centre and sub-centres together is every restrictive and the number does not exceed 58 drugs.

(c) Drugs reported to be withdrawn in some countries and continue to be marke ted in other countries do not figure in the WHO list.

(d) and (e) Out of 37 drugs, report ed to be withdrawn in some countries, 19 drugs were never approved to be raarket-ed in I dia, 11 drugs have been withdrawn from the market and remaining 7 Irugs namely, (1) Enteroquinol, (ii) Phenfor-min. (iii) Hydroxyquino!ine derivatives, (iv) Phenylbutazone / Oxyphenbu'azone (v) High dose Lynestrenol products, (vi) Piieraz'ne and (vii) Analgin have been allowed for continued marketing in con-su'ta'ion with experts as the experts felt that there were no adequate rea oning for withdrawal of these drugs and these drugs We cons'deved useful by medical prac titioners.

Dnugs technical advisory board on the Analgia and its combination

487. SHRI M. KADHARSHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased *to* refer to Unstar-red Question 2961 given in the Rajya Sabha on the 3rd December, 1986 and state:

(a) whether ban of marketing of Anal-gin has been considered by Drugs Tech nical Advisory Board;

(b) if so, what is the decision arrived at by the Committee;

(c) whether Analgin alone and in com bination with other drugs have been found dangerous and fatal in number of count-ries in different regions, what are the reasons for considering it to be safe in India;

(d) what arc the specific areas where the Sitatio :of India from o countris, where this drag has been ban ned;

(e) whether adverse reports have been published throughout the world; what are the reason, to alow this dangerous drug for human consumption in India;

(f) Whether it ,s a fact that number of subs itute drugs are available in the country without any adver e report; and

(g) if so, what are the names of those drugs?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMI-LY WELFARE (KUMARI SAROJ KHA-PARDH): (a) and (b) The Drugs Technical Advisory Board White examining the justification for continued marketing of Analgin had advised to wait for the reasnlts of the Drug Surveillance Study of Analgia condu ted under the supervision of a c I-laborative group at Boston in the United States. While the Boston study have not pin pointed a greater absolute risk of Analgin when compared with other pain killers in terms of its alleged adverse rs-action of lowering a particular type of whits blood cells, th? Drugs Technical Advisory Board is yet to meet and rev'ew the Boston study report for giving it* considered opinion on the subject.

(c) to (e) The occurrence of ngranu-locytosis as an adver e reaction to Analgin was known right from the time the drug I was,-introduced in the market and what has been found in later years is to om-pile its i-cidence in a limited geographical population in some countries having facilities to do so. It is not that the drug was found to be specially dangerou in some countries. While some counlries hay withdrawn Analein. the drua continues to be marketed in many coun'nes. The experts consulted in India after the completion of the Boston study had considered that Analgin is a potent pain Kinerr